

**Service Center Operational Information**

☐ This is a change to my previous information on file with HPES.

☐ I am enrolling with HPES as a Service Center for the first time.

Contact Information

Service Center Name _____

Mailing Address _____

Phone Number _____ Fax number _____

Email Address _____

Contact Name for Transaction Rejects _____

Electronic transaction types

Please check the box next to each transaction type you wish to provide:

☐ Eligibility Request/Response (270/271)

☐ Remittance Advice (835)

☐ Claims Status Request/Response (276/277)

☐ Professional (837 P)

☐ Prior Authorization Request/Response (278/278)

☐ Institutional (837 I)

☐ Pharmacy (NCPDP – batch)

☐ Dental (837 D)

Software vendor information

Software Vendor Name _____

Mailing Address _____

Phone Number _____ Fax Number _____

Email Address _____

If you have questions, please call us at (877)638-3472. Mail this form to: HP Enterprise Services

EDI Coordinator

PO Box 30042

Reno, Nevada 89520-3042

For HPES Use Only

Service Center Code:

Testing begin: / /

EDI file updated on: / /

Put into production: / /

Provider file updated on: / /